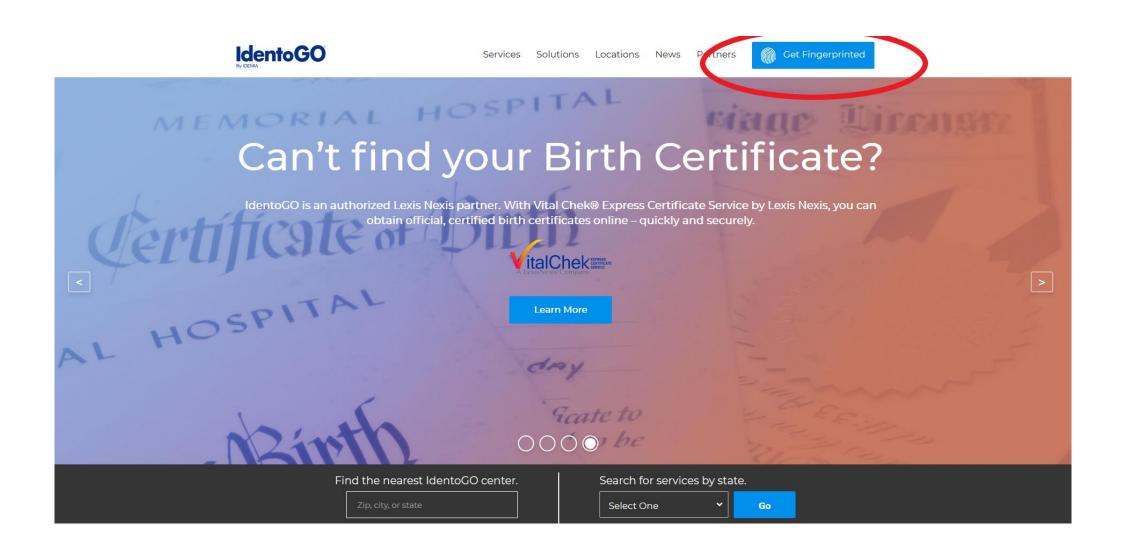
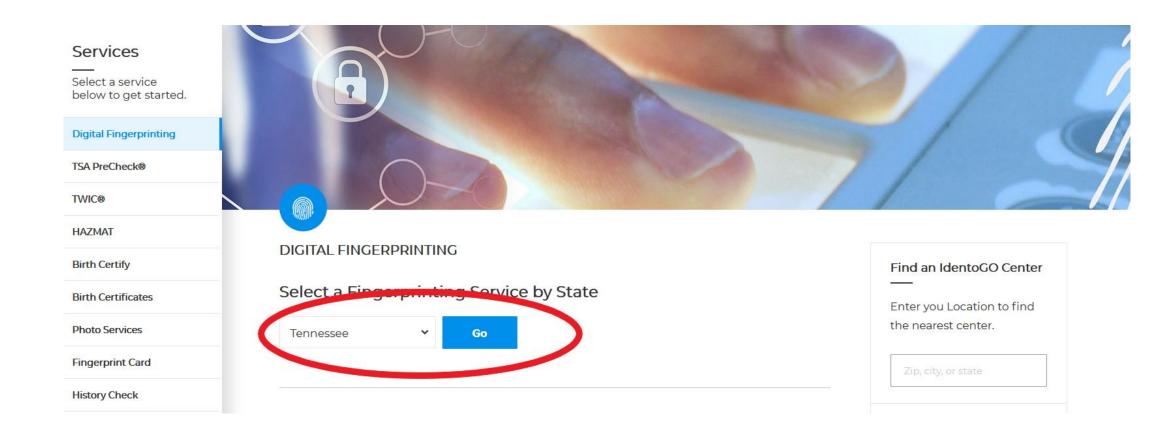
Fingerprint Registration: Child Care

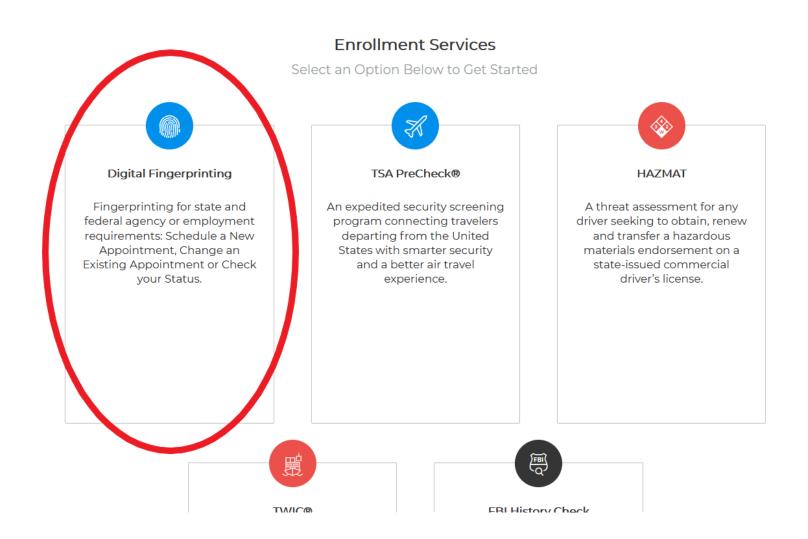
Go to www.ldentogo.com and click "Get Fingerprinted"



Choose Tennessee and press GO



Scroll down and choose "Digital Fingerprinting"

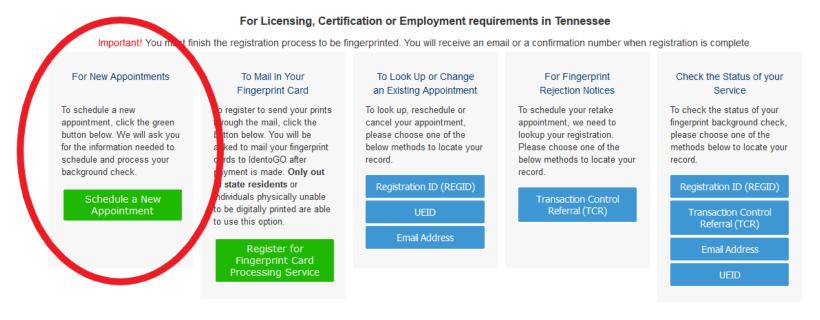


Choose "Schedule a New Appointment"

Fingerprinting & Enrollment Services

Health and wellness are critical to our ability to provide essential services to the public. If you are feeling sick and have scheduled an appointment with us, we ask that you visit us online or call to reschedule your appointment. Be aware that if you are exhibiting sympto while at an enrollment center, we may kindly ask to reschedule your appointment. Our staff are trained to sanitize their hands between customer interactions, and to disinfect surfaces that customers come in contact with regularly. In response to the Coronavirus, we have increased cleaning protocols related to high-touch surfaces like door handles, keyboards, counters, chairs, etc. We have directed our team to stay home and see a doctor when they are not feeling well.

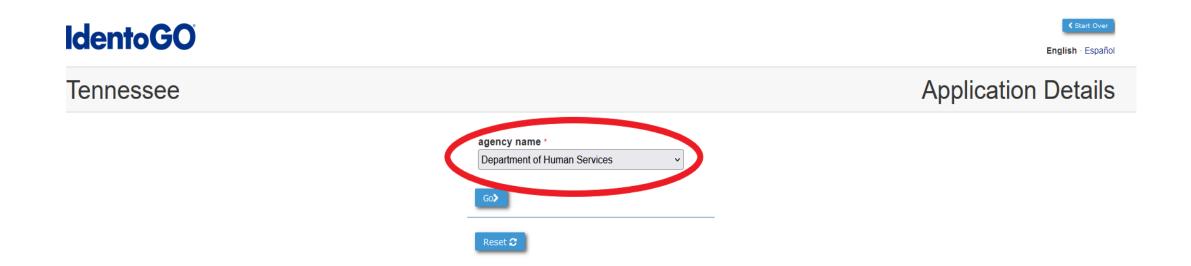
Please print the confirmation statement at the end of your enrollment and follow all published safety guidelines we have implemented based on CDC and WHO recommendations.



Enter Service Code. If you do not know the service code, choose "Don't know your Service Code"



From the drop-down menu, choose "Department of Human Services" and press GO



If you have any questions with the website, please call 855-226-2937.

POLICY | PRIVACY STATEMENT

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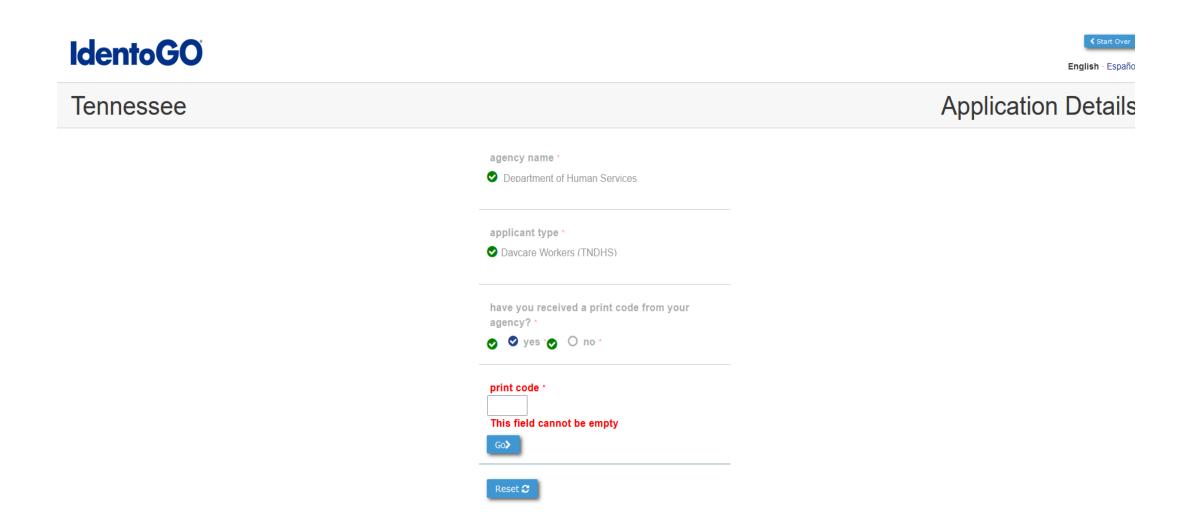
Choose applicant type: Adult/Child Care Worker. Then press GO.

IdentoGO

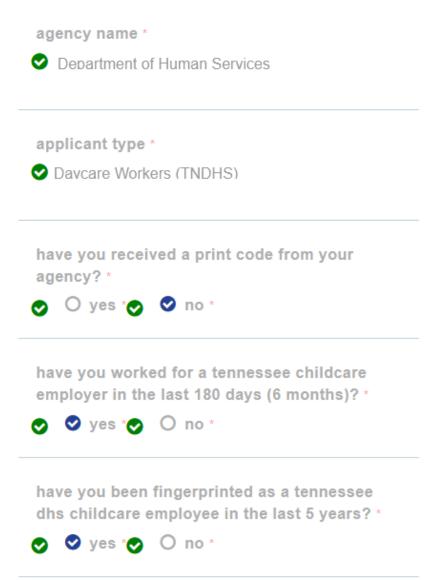
Tennessee



Have you received a Print Code from the TN DHS Background Unit? If YES, choose YES and click GO. Then enter the Print Code and press GO.



If you did NOT receive a Print Code from the TN DHS Background Unit, choose NO. Then choose whether you have worked in TN Child Care in the last 180 days. If NO, continue to slide 11. If YES, choose whether you have worked for a TN DHS Child Care center in the last 5 years.



Enter the required information and press GO.



If you receive this pop-up message, please contact the Background Unit at either 625-253-4170 or CCBackground.DHS@tn.gov. If you do NOT receive this message, continue on to the next slide.

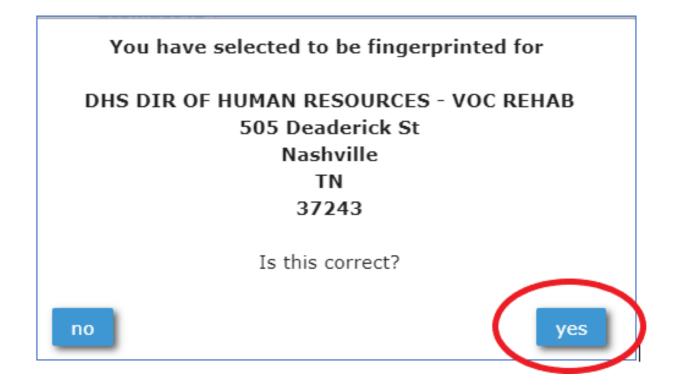
Our records indicate that you may have been fingerprinted within the last 5 years. Please contact the DHS background check unit for further instructions by email at CCBackground.DHS@tn.gov or by phone at (615) 253-4170.

Continue

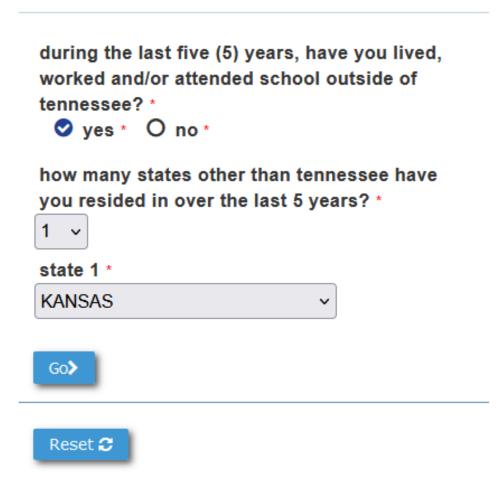
Enter Provider ID, suffix, DHS Hire Date, Social Security Number, and County of Residence and press GO.

provider id *
This field cannot be empty
provider suffix *
dhs hire date (mmddyyyy) *
social security number *
*** ** ***
county of residence *
Go >
Reset 2

Choose YES when you get the pop up verifying which center you are printing for.



Have you lived, worked, or attended school outside of Tennessee in the last 5 years? If YES, choose YES. Choose how many states you have lived, worked, or attended school in within the last 5 years. Then press GO and choose your state(s).



Choose "I AGREE" and press GO.

Tennessee

Acknowledgement/Release

IMPORTANT-READ CAREFULLY BEFORE SIGNING Fingerprint-Based Criminal History Record Request Authorization and Notification Form

By signing this authorization, I hereby acknowledge that I consent to the collection and retention of my fingerprints as part of the application/employment /licensing process.

I acknowledge and understand that my fingerprints will be searched against the fingerprint databases maintained by the Federal Bureau of Investigation and the Tennessee Bureau of Investigation for the purpose of assessing and reviewing state and national criminal history that may pertain to me directly, pursuant to 28 CFR, Sections 16.30-16.34.

I acknowledge that I have been notified of the procedures to challenge the accuracy or completeness of my record, set forth in Title 28 CFR 16.34. I am aware that a copy of these procedures may be downloaded from FBI.gov.

I do NOT agree to the terms and conditions of this background check. By checking this box, the process will be terminated.

I AGREE and affirm that I have read and fully understand the above and consent to this background check and to the results being released to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer. By checking this box, I understand I am electronically signing this document and indicating my agreement with the terms and conditions of the background investigation.

Go 🕽

Enter your zip code to determine to best location for fingerprinting, and press <u>GO.</u>



♦ Start Over

English · Español

Tennessee

Appointment Details

Enter a zip code to determine the closest fingerprinting location.

Go

Choose the best location and schedule your date and time.

7in Code:07700							Next Week >
Zip Code:37722 O Change	Wednesday 10/20/2021	Thursday 10/21/2021	Friday 10/22/2021	Saturday 10/23/2021	Sunday 10/24/2021	Monday 10/25/2021	Tuesday 10/26/2021
Sevierville, TN-Dolly Parton Pkwy IdentoGO 1016 Dolly Parton Pkwy Ste 6 Sevierville, TN 37862 Enrollment Center is located inside Your Ticket to Travel.	Schedule Full	Schedule	Schedule			Schedule	Schedule
Morristown, TN-W Andrew Johnson Hwy IdentoGO 2812 W Andrew Johnson Hwy Morristown, TN 37814 The enrollment center is located inside Goodwill Industries. All customers are required to wear a mask or facial covering for entry.	Schedule Full					Schedule	Schedule
Greeneville, TN-Newport Hwy IdentoGO 2815 Newport Hwy Greeneville, TN 37743	Schedule Full	Schedule	Schedule	Schedule		Schedule	Schedule
Morristown, TN-Industrial Ave IdentoGO 348 Industrial Ave	Schedule Full	Schedule	Schedule	Schedule			Schedule

Enter ALL necessary demographic information and press SUBMIT





Tennessee	Applicant Information
Items marked with an * are required. A red exclamation mark will appear to the right of any field that has an error. Click on the exclamation mark for a description of	the error.
APPLICANT NAME prefix first name * middle name last name * suffix v	
This field cannot be empty APPLICANT ALIAS OR MAIDEN NAME	
prefix first name middle name last name suffix + Add Allas (up to 5)	
HOME ADDRESS	
number direction street name unit designator unit designator	
country * city * state / territory * zip code * United States City * state / territory * zip code *	
METHODS OF CONTACT Please ensure you enter a valid contact phone number. The phone number will be used to contact you in the event there is important information we need to communicate regarding phone numbers.	your appointment. We do not sell or share your
phone 1 * phone 1 type * phone 2 phone 2 type * ### #### ####	
email confirm email preferred contact method * preferred contact time contact notes/instructions	

If you have any questions with the website, please call 855-226-2937.

Verify that all information is correct then press GO. Then your fingerprint appointment will be scheduled.

